

Chapter 13 – Abbreviated Uniform Assessment Instrument (UAI) Form

Table of Contents

Person Administration Requirements 1
Customer Primary Navigation Tab 2
Functional Primary Navigation Tab 5
Nutrition Primary Navigation Tab 8
Service Plan Primary Navigation Tab 11
Release Primary Navigation Tab 14
Print View Primary Navigation Tab 15

Important The required fields referenced in this chapter refer to system-required fields. These fields are required in order for the form to be saved in approved status.

 The information that is required due to policy may be different from those that are system required.

Person Administration Requirements

Introduction

Some KAMIS assessments require specific fields within Person Administration be completed before the assessment can be saved in Approved status. If these fields are blank, the assessment will return an error message when an attempt is made to save it as Approved, indicating the missing Person Administration fields.

Required Person Admin Fields for Abbreviated UAI Approved Form Status

Person Admin/Home:

Legal Name (First and Last Names)

Date of Birth

Gender

Marital Status

Veteran/Spouse of Veteran

Race/Ethnicity

A Residential Address Type with:

Street

City

County - If out of state - use County "ZZ"

State - If out of country - use State "ZZ"

Zip

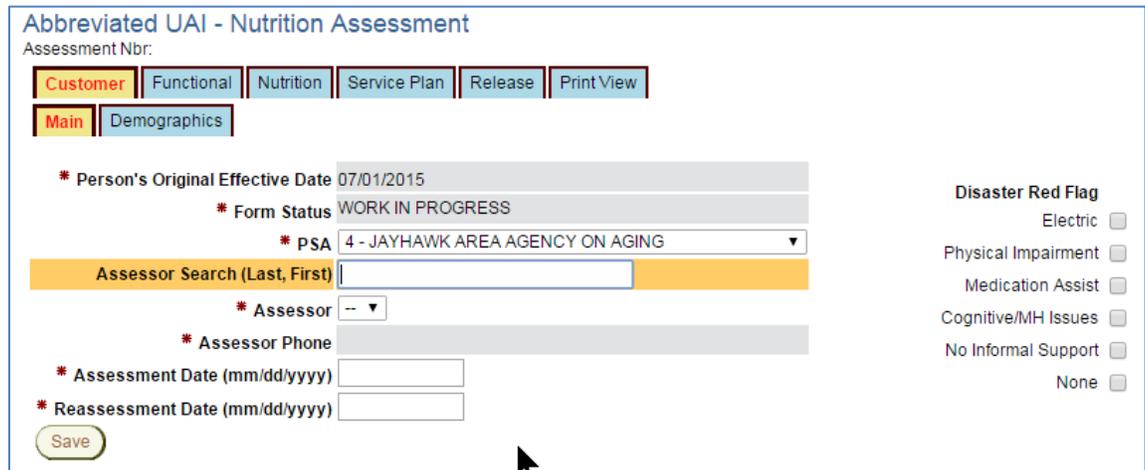
Page Navigation

The Main navigational tab (page) must be saved before the rest of the form is accessible. Once the Main page is successfully saved, the form will automatically advance to the next navigational tab/page, and all other pages can be accessed.

Customer Primary Navigation Tab

Recommendation Add or update all Person Admin information that is required to save the form in Approved status before creating the Abbreviated UAI (AUAI) form.

Main Secondary Navigation Tab



Required Fields All fields displayed on this page are required.

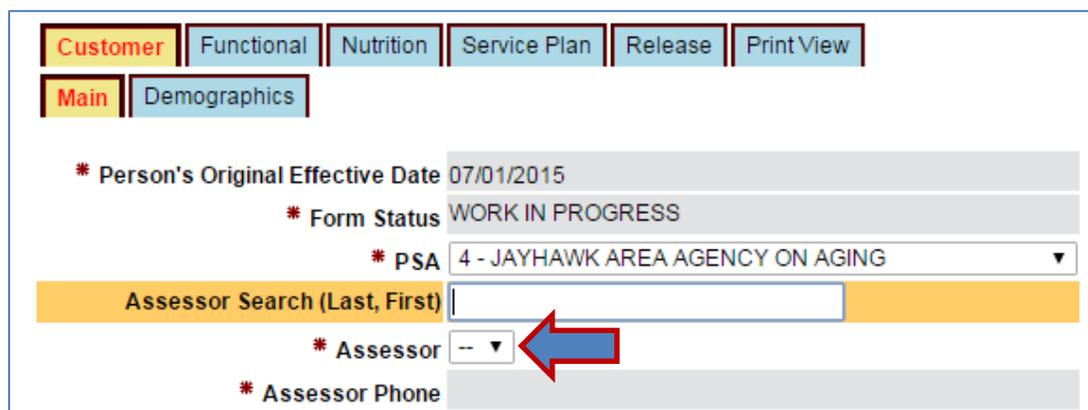
CME / Form Status

The CME field is automatically set to the logged in user's AAA organization, and cannot be changed.

The form status is automatically set to Work in Progress and cannot be changed until the AUAI's Main page has been saved for the first time. Once the form data entry is complete (the last page is saved), the assessment will automatically return to the Customer/Main navigational tab, and the Form Status can be changed as appropriate (usually to Approved.)

Selecting the Assessor

The **Assessor** select list does not display any names until populated using the **Assessor Search (Last, First)** search field.



Continued on next page

Customer Primary Navigation Tab, continued

Selecting the Assessor (continued)

After entering the Assessor Search parameters:

Follow the steps in the table below to populate the Assessor select list, and choose the desired Assessor.

Step	Action	Result
1.	Type the last name, or at least the first few characters of the last name, in the Assessor Search (Last, First) field. Optional: Enter the full last name followed by a comma, a space, and the first name (full or partial)	The assessor name as typed appears in the search field. Note: If entering the full last and first name in the search field, make sure it is spelled exactly as it was when the person record was created in KAMIS.
2.	Press <i>Enter</i> .	The Assessor select list populates with any KAMIS assessors that match the search field entry.
3.	If the Assessor select list populates with more than one name, click on the correct name.	The Assessor name is highlighted (selected.)

Assessment / Reassessment Date

Enter the appropriate assessment date and reassessment date in MM/DD/YYYY format. The slashes will insert automatically, so just enter the numbers.

Note: The reassessment date is always one year minus one day after the assessment date.

Disaster Red Flag

While not required to save the Main page, the **Disaster Red Flag** region must have at least one box checked in order to save the AUAL in Approved status.

Customer Primary Navigation Tab, continued

Create the Form Once all the fields on the Customer/Main page are complete, click on the Save button to create/save the form. Once the Main page is saved successfully, the form automatically advances to the next navigational tab – Demographics.

Demographics Secondary Navigation Tab Although no fields on the Demographics page are required to save the page, the first two questions are required when saving the completed AUI in Approved status.

On any page in the Abbreviated UAI, fields with the **Req** icon are required for Approval.

The screenshot displays a web form with a navigation bar at the top containing tabs: Customer (highlighted in yellow), Functional, Nutrition, Service Plan, Release, and Print View. Below this is a secondary navigation bar with Main and Demographics (highlighted in yellow). The form contains several required fields, each marked with a red 'Req' icon:

- Income below poverty level? (dropdown menu, value: ~Select~)
- Does customer live alone? (dropdown menu, value: ~Select~)
- Does the customer have difficulty: (header text)
- Communicating (dropdown menu, value: ~Select~)
- Understanding Information (dropdown menu, value: ~Select~)
- Remembering Information (dropdown menu, value: ~Select~)
- SSN (text input field)

A green Save button is located below the SSN field. Below the Save button, the text reads: "Changed by TESTUSER4 on 12/10/2015 16:19:34". At the bottom of the form, a legend states: "Req Indicates required for Approval".

Complete all required fields and any optional fields as desired. Click on the *Save* button to advance to the next navigational tab/page.

Note: The SSN field is auto-populated from Person Administration.

Required Fields *Income below poverty level?*
Does customer live alone?

Functional Primary Navigation Tab

Form Reference The information on the Functional Primary navigation tab corresponds to page 1 of the Abbreviated Uniform Assessment Instrument (UAI) form.

ADL Secondary Navigation Tab

ACTIVITIES OF DAILY LIVING	Difficulty	No Difficulty
Req Bathing	<input type="radio"/>	<input type="radio"/>
Req Dressing	<input type="radio"/>	<input type="radio"/>
Req Toileting	<input type="radio"/>	<input type="radio"/>
Req Transferring	<input type="radio"/>	<input type="radio"/>
Req Walking/Mobility	<input type="radio"/>	<input type="radio"/>
Req Eating	<input type="radio"/>	<input type="radio"/>

Save

Changed by TESTUSER4 on 12/10/2015 16:36:54

Req Indicates required for Approval

Required Fields All activities must have a response.

Continued on next page

Functional Primary Navigation Tab, continued

IADL Secondary
Navigation Tab

Customer	Functional	Nutrition	Service Plan	Release	Print View
ADL	IADL	Risks			

INSTRUMENTAL ACTIVITIES OF DAILY LIVING	Difficulty	No Difficulty
Req Meal Preparation	<input type="radio"/>	<input type="radio"/>
Req Shopping	<input type="radio"/>	<input type="radio"/>
Req Money Management	<input type="radio"/>	<input type="radio"/>
Req Transportation	<input type="radio"/>	<input type="radio"/>
Req Use of Telephone	<input type="radio"/>	<input type="radio"/>
Req Laundry/Housekeeping	<input type="radio"/>	<input type="radio"/>
Req Medication Management, Treatment	<input type="radio"/>	<input type="radio"/>

Changed by TESTUSER4 on 12/11/2015 11:47:37

Req Indicates required for Approval

Required Fields All activities must have a response.

Continued on next page

Functional Primary Navigation Tab, continued

Risks Secondary Navigation Tab

The screenshot shows a navigation bar with tabs: Customer, Functional (highlighted in red), Nutrition, Service Plan, Release, and Print View. Below this is a secondary navigation bar with tabs: ADL, IADL, and Risks (highlighted in red). The main content area contains two required fields, each marked with a red 'Req' icon. The first field asks 'Are there concerns of possible Abuse, Neglect, and/or Exploitation?' with a dropdown menu set to '~Select~'. The second field asks 'Does the customer have difficulty with chores (i.e. mowing the lawn)?' with a dropdown menu set to '~Select~'. Below the fields is a 'Save' button, a timestamp 'Changed by TESTUSER4 on 12/11/2015 12:01:02', and a legend indicating that the red 'Req' icon 'Indicates required for Approval'.

Required Fields All fields displayed on this page must have a response.

Nutrition Primary Navigation Tab

Form Reference The information on the Nutrition Primary navigation tab corresponds to page 2 of the Abbreviated Uniform Assessment Instrument (UAI) form.

Risks Secondary Navigation Tab

Do you eat daily?	Yes/No	Comments	Score
less than 2 meals?	~Select~		3
less than 2 servings of fruits and vegetables?	~Select~		1
less than 2 servings of dairy products?	~Select~		1
less than 6 glasses of liquids?	~Select~	# of glasses	0
3 or more alcoholic beverages?	~Select~		2
3 or more medications?	~Select~		1
Dental problems make it difficult to eat?	~Select~	Which?	2
Eating habits changed due to illness?	~Select~	What?	2
Physically unable to shop, cook eat?	~Select~	Which?	2
Eat alone most of the time?	~Select~		1
Do not have enough money to buy food?	~Select~		4
Gained/lost more than 10 pounds in 6 months?	~Select~	Gained/Lost	2
	Gained 0	Lost 0	
Customer does not meet any of the nutrition risk screen indicators.	~Select~		

Required Fields If any of the following questions has a 'Yes' response, then the corresponding **Comments** field is required:

- Dental problems make it difficult to eat?
- Eating habits changed due to illness?
- Physically unable to shop, cook, or eat?

Hints To save time, answer only the questions that require a 'Yes' response. The questions that are not answered will default to 'No' in the database.

If none of the questions has a 'Yes' response, then the statement 'Customer does not meet any of the nutrition risk screen indicators' *must* have a response of 'Yes.'

Continued on next page

Nutrition Primary Navigation Tab, continued

Eating Problems Secondary Navigation Tab

Customer Functional **Nutrition** Service Plan Release Print View

Risks **Eating Problems** Eating Patterns

Ask the Customer the following questions

Would you say that your appetite is: ~Select~

Req Do any of the following cause you problems or affect your ability to eat?

Swallowing

Taste

Nausea, Vomitting

Cutting up food

Opening Containers

Food allergies (specify)

No Concerns

Save

Required Fields

At least one box must be checked in response to 'Do any of the following cause you problems or affect your ability to eat?'

If 'Food Allergies (specify)' is checked, the type(s) of food allergy must be entered in the text box provided.

Continued on next page

Nutrition Primary Navigation Tab, continued

Eating Patterns
Secondary
Navigation Tab

Customer	Functional	Nutrition	Service Plan	Release	Print View
Risks	Eating Problems	Eating Patterns			

How often do you:	No	Yes	How Often?
Skips meals and just snacks, "piece", through the day?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Lack the energy or desire to fix a meal?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Find you don't know what to fix or can't fix small portions?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Forget to turn the stove off or burn food?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Lack the desire to eat or fix a meal?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Eat restaurant or fast food?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="1x/week"/>
Leave home?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="2-3x/week"/>
if not, why?	<input type="text"/>		
What do you eat in a typical day?	<input type="text"/>		
Comments	<input type="text"/>		

Required Fields No fields displayed on this page are required.

However, any questions with a 'Yes' response should have a comment entered in the '*How Often?*' text box.

Service Plan Primary Navigation Tab

Form Reference The information on the Service Plan Primary navigation tab corresponds to page 3 of the Abbreviated Uniform Assessment Instrument (UAI) form.

Help Prepare Food Secondary Navigation Tab

Customer Functional Nutrition **Service Plan** Release Print View

Help Prepare Food Modified Diet Homebound

Ask the Customer the following questions

Does anyone help you prepare food or bring food to you? ~Select~ ▼

If yes, answer the following

Who?	What?	When?

Save

Required Fields If the response to the question 'Does anyone help you prepare food or bring food to you?' is 'Yes,' then at least one entry must be made in each of the following fields:

- Who?
- What?
- When?

Continued on next page

Service Plan Primary Navigation Tab, continued

Modified Diet Secondary Navigation Tab

Customer	Functional	Nutrition	Service Plan	Release	Print View
Help Prepare Food	Modified Diet	Homebound			

Ask the Customer the following questions

Are you following any modified diet(s)? Are any of the diets doctor prescribed?

Check each modified diet followed: Check if doctor prescribed and indicate the name of the doctor

Low sodium (salt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diabetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diverticulitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Vegetarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pureed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ethnic/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Required Fields

If completed:

Are you following any modified diet(s)?

If the response is 'Yes,' then at least one modified diet box must be checked.

Are any of the modified diets doctor prescribed?

If the response is 'Yes,' then at least one doctor prescribed box must be checked.

For each 'doctor prescribed' box checked, the prescribing doctor's name must be entered.

Continued on next page

Service Plan Primary Navigation Tab, continued

Homebound Secondary Navigation Tab

Customer	Functional	Nutrition	Service Plan	Release	Print View
Help Prepare Food	Modified Diet	Homebound			

Ask the Customer the following questions

Req Is the Customer:

Physically Homebound

Socially Homebound

Isolated

Req Participant Status

- 60+ ELIGIBLE PERSON
- SPOUSE, REGARDLESS OF AGE, OF 60+ ELIGIBLE PERSON
- DISABLED PERSON, REGARDLESS OF AGE, RESIDING WITH 60 ELIGIBLE PERSON
- 60+ NON-SPOUSE CARETAKER (IIIB HOME-DELIVERED MEALS ONLY)
- NOT APPLICABLE

Do you recommend a referral to the Area Agency for in-home service?

No Customer Refuses Yes

Date of Referral (mm/dd/yyyy)

Required Fields

Must respond to the questions regarding customer being homebound/isolated.
Must choose Participant Status.

Release Primary Navigation Tab

Form Reference The information on the Release primary navigation tab corresponds to the lower portion of page 3 of the Abbreviated Uniform Assessment Instrument (UAI) form.

**Release Primary
Navigation Tab**

Customer Functional Nutrition Service Plan **Release** Print View

***** Nutrition Assessment Form Completion *****

Release of Information:

Has the form been signed to release the information to the Kansas Department on Aging, AAA and service provider as listed above? ~Select~ ▼

Who signed the form? ~Select~ ▼

Save

Required Fields

If completed:

Has the form been signed to release the information to the Kansas Department on Aging, AAA and service provider as listed above?

If the response is 'Yes,' then ***Who signed the form?*** must have a response.

Print View Primary Navigation Tab

Purpose

The Print View navigational tab provides a printable view of the Abbreviated UAI. The Print View loads in a separate window.

A print icon is located at the top of the page. Click on the icon to launch the browser print menu in the Print View window.

Print View page

Launch the browser Print Menu to print the form.

The grayed background area indicates the information is from Person Administration

Kansas Department for Aging and Disability Services
Department for Aging and Disability Services

Kansas Department for Aging and Disability Services
Abbreviated Uniform Assessment Instrument
ODC Version: Viewed on: 12/14/2015 10:44:41 AM by: TESTUSER4 page 1

KAMIS ID: 657684
Name: RICK GRIMES
Name Preferred:

Age: 43
Gender: MALE
Marital Status: WIDOWED
Veteran: N
Spouse of Veteran: N
Recv. Veteran Benefits: N

Customer Ethnicity Type: NOT HISPANIC OR LATINO
Customer Ethnicity: WHITE NON-HISPANIC

Customer Speaks: ENGLISH
Customer Reads: ENGLISH
Customer Understands: ENGLISH

Current Addresses: Address Type: RESIDENTIAL Effective Date: 10/04/2015 Termination Date:
Location: URBAN County: SN - SHAWNEE

33315 1952ND NNW TERR
TOPEKA, KS 66666-

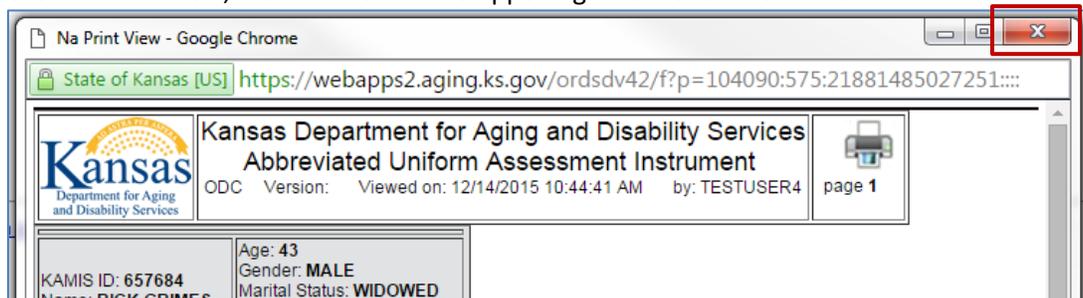
Primary Phone: -- Alternate Phone: -- Cell Phone: -- Fax:
E-Mail: Website:

Directions:

Roles:	CUSTOMER	ACTIVE	Effective Date: 07/01/2015	Termination Date:
	CARE RECIPIENT	ACTIVE	Effective Date: 10/20/2015	Termination Date:
Associates:	(DPOA) DURABLE POWER OF ATTORNEY	BROTHER	Effective Date: 12/01/2015	Termination Date:
	PENGWINN, OPIS	--	--	--
		Primary Phone	Alternate Phone	Cell Phone
		--	--	785-666-6666
Associates:	CAREGIVER		Effective Date: 10/04/2015	Termination Date:
		GRIMES, CARL R.	33315 1972ND NW TERR	
			TOPEKA, KS 66666-	
		Primary Phone	Alternate Phone	Cell Phone

The content of the Abbreviated UAI, with the saved information, makes up the rest of the Print View form.

To close the Print View, click on the X in the upper-right corner of the window:



Note: At the time this chapter was published, the Abbreviated UAI Print View was unavailable.